

PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
for FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**130****Complete if Known**

Application Number	10/825,153
Filing Date	April 16, 2004
First Named Inventor	JOHANNES CORNELIS DRIESSEN
Examiner Name	Paul M. Gurzo
Art Unit	2881
Attorney Docket No.	081468-0309282

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **033975** Deposit Account Name: **See 1 in Addendum**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fees(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit Card Information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	100	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee Paid (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
19	- 20 or HP = 0	X	= 0.00			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
3	- 3 or HP = 0	X	= 0.00			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ /50= _____	_____ (round up to a whole number) x	250.00 =	_____

4. OTHER FEE(S)

Non-English Specification, 130 fee (no small entity discount)

Other: 1814/2814 Statutory disclaimer fee

Fee Paid (\$)**130.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	47418	Telephone	703905.2261
Name (Print/Type)	Emily T. Bell	Date	August 4, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Attorney's Docket 081468-0309282

Client Reference: P-0218.020-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the PATENT APPLICATION of:
JOHANNES CORNELIS DRIESSEN ET
AL.

Confirmation Number: 7863

Application No.: 10/825,153

Group Art Unit: 2881

Filed: April 16, 2004

Examiner: Paul M. Gurzo

For: LITHOGRAPHIC APPARATUS, DEVICE MANUFACTURING METHOD, AND
DEVICE MANUFACTURED THEREBY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been
calculated as shown below:


	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	19	—	20	= 0	\$ 50.00 = \$ 0.00
INDEP.	3	—	3	= 1	\$ 200.00 = \$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$ 360.00 = \$ 0.00
TOTAL ADDITIONAL CLAIM FEE					\$ 0.00
GRAND TOTAL					\$ 0.00

FEE PAYMENT

Authorization is hereby made to charge the amount of \$0.00 to Deposit Account No.
033975. Charge any additional fees required by this paper or credit any
overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: August 4, 2005

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